

APPENDIX 10-1

Configuration Item Change Request Form

**Welfare Data Tracking Implementation Project
Configuration Item Change Request Form**



Configuration Item Change Request Form

Configuration Identifier: _____

Change: _____ Date: _____

Category: ____ (I through V)

Requestor: _____

Configuration Control Board Consideration: _____ Date: _____

Configuration Control Board Decision:

Approved	Date: _____
Deferred	Date: _____
Rescheduled Yes/No _____	Date: _____
Rejected	Date: _____

Change Description:

Impact Analysis:

Review's Comments:

Configuration Item Change Request Form – The *Configuration Item Change Request Form* is used to forward WDTIP system change requests from the counties to the WDTIP Help Desk. The *Configuration Item Change Request Form* information below describes the requirements for each field and indicates the source of the information.

Required Configuration Item Change Request Form Information

Field		Provider	Description
Configuration Identifier:		WDTIP Project	Tracking number assigned after the change request is submitted.
Change		<i>County</i>	Brief title of the system change request.
Date		<i>County</i>	Date the Configuration Item Change Request is completed.
Requestor		<i>County</i>	Name of the person submitting the problem.
Category (I through V)		WDTIP Project	Describes the change request by category number for identification and control purposes.
Configuration Control Board Consideration		WDTIP Project	Date the change request is presented at the scheduled meeting of the Change Control Board.
Configuration Control Board Decision	Approved Date	WDTIP Project	Date the change request is approved.
	Deferred Date	WDTIP Project	Date the change request is postponed for consideration until a later date. This status indicates the request will be considered at a later date, possibly later in subsequent phases of the project or until resolution is possible.
	Rescheduled Yes/No	WDTIP Project	Indicates the review of the change request will be rescheduled.
	Date	WDTIP Project	Date the change request will be reviewed in the event in is necessary to reschedule a review.
	Rejected Date	WDTIP Project	Date the change request has been found invalid or out of scope.
Change Description:		<i>County</i>	Describe in as many details as possible, the problem, issue or concern that is resulting in the request for the system change.
Impact Analysis		WDTIP Project	Describes the anticipated impact of the change based upon a high level analysis of the request.
Review's Comments		WDTIP Project	Additional comments.

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